

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Audiologists  
Speech-Language Pathologists  
Managed Care Plans  
CSO Administrators  
Regional Administrators

**Memorandum No: 03-47 MAA**  
**Issued:** June 30, 2003

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes:** 02-45 MAA  
02-99 MAA

**Subject: Audiologist and Speech Pathologist Program: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2003**, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- The Year 2003 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes.

### **Maximum Allowable Fees**

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Attached are updated replacement pages 13-16 for MAA's Speech/Audiology Program Billing Instructions, dated July 1999. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click ***the Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed.

Bill MAA your usual and customary charge.



# Fee Schedule

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**Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT procedure code descriptions. To view the full descriptions, please refer to your current CPT book.**

## AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

CPT <sup>®</sup> Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92506	Speech/hearing evaluation	\$57.56	\$29.57
92507	Speech/hearing therapy	48.00	17.52
92508	Speech/hearing therapy	39.36	8.87
92510	Rehab for ear implant	83.27	53.92
92551	Pure tone hearing test, air	10.18	10.18
92611	Motion fluoroscopy/swallow	28.44	28.44
97532	Cognitive skills development	14.79	14.79
97533	Sensory integration	15.70	15.70

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**AUDIOLOGISTS ONLY**

<b>CPT® Code/ Modifier</b>	<b>Brief Description</b>	<b>July 1, 2003 Maximum Allowable Fee</b>	
		<b>Non Facility Setting</b>	<b>Facility Setting</b>
69210	Remove impacted ear wax	\$27.75	\$20.02
92541	Spontaneous nystagmus test	35.26	35.26
92541-TC	Spontaneous nystagmus test	21.38	21.38
92541-26	Spontaneous nystagmus test	13.88	13.88
92542	Positional nystagmus test	35.49	35.49
92542-TC	Positional nystagmus test	24.34	24.34
92542-26	Positional nystagmus test	11.38	11.38
92543	Caloric vestibular test	17.06	17.06
92543-TC	Caloric vestibular test	13.42	13.42
92543-26	Caloric vestibular test	3.64	3.64
92544	Optokinetic nystagmus test	28.66	28.66
92544-TC	Optokinetic nystagmus test	19.57	19.57
92544-26	Optokinetic nystagmus test	9.10	9.10
92545	Oscillating tracking test	26.39	26.39
92545-TC	Oscillating tracking test	18.43	18.43
92545-26	Oscillating tracking test	7.96	7.96
92546	Sinusoidal rotational test	58.92	58.92
92546-TC	Sinusoidal rotational test	48.91	48.91
92546-26	Sinusoidal rotational test	10.01	10.01
92547	Supplemental electrical test	31.62	31.62
92552	Pure tone audiometry, air	10.92	10.92
92553	Audiometry, air & bone	16.15	16.15
92555	Speech threshold audiometry	9.33	9.33
92556	Speech audiometry, complete	14.11	14.11
92557	Comprehensive hearing test	28.89	28.89

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**AUDIOLOGISTS ONLY (cont.)**

<b>CPT® Code/ Modifier</b>	<b>Brief Description</b>	<b>July 1, 2003 Maximum Allowable Fee</b>	
		<b>Non Facility Setting</b>	<b>Facility Setting</b>
92567	Tympanometry	\$12.97	\$12.97
92568	Acoustic reflex test	9.33	9.33
92569	Acoustic reflex decay test	10.01	10.01
92579	Visual audiometry (VRA)	17.75	17.75
92582	Conditioning play audiometry	17.75	17.75
92584	Electrocochleography	59.83	59.83
92585	Auditor evoke potent, compre	61.20	61.20
92585-TC	Auditor evoke potent, compre	44.36	44.36
92585-26	Auditor evoke potent, compre	16.61	16.61
92586	Evoked auditory test	44.36	44.36
92587	Evoked otoacoustic emissions; limited	36.17	36.17
92587-TC	Evoked otoacoustic emissions; limited	31.62	31.62
92587-26	Evoked otoacoustic emissions; limited	4.78	4.78
92588	Evoked auditory test	47.77	47.77
92588-TC	Evoked auditory test	35.49	35.49
92588-26	Evoked auditory test	12.29	12.29
92589	Auditory function test(s)	13.19	13.19
92601	Cochlear implt f/up exam < 7	81.67	81.67
92602	Reprogram cochlear implt < 7	57.10	57.10
92603	Cochlear implt f/up exam 7 >	54.83	54.83
92604	Reprogram cochlear implt 7 >	37.31	37.31

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## SPEECH-LANGUAGE PATHOLOGISTS ONLY

CPT® Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92526	Oral function therapy	\$50.05	\$17.52
92597	Oral speech device eval	65.52	43.68
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	68.02	68.02
92608	Ex for speech device rx, addl	13.42	13.42
92609	Use of speech device service	36.86	36.86
92610	Evaluate swallowing function	26.16	26.16

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